

APPLICATION FOR SICKNESS BENEFITS

Date: ___/___/20___



Union: Framsýn Þingiðn

Name

Kennitala/Icelandic Id number

Home

Town

Email

Icelandic bank account (bank-hb-account number.)

Applying for:

Sickness benefits, from ___/___/20___ to ___/___/20___ **Uncertain**
 Because of the illness of: applicant spouse child
 In addition there has to be a doctor's note with the application, a certificate from employer regarding the applicants last 12 months in the job.

Refund: because of physiotherapy/ massages because of cancer screening

Grant:

because of IVF because of psychiatric services
 because of risk assessment with Hjartavernd because of gymnastics for people with heart conditions
 because of stay with Heilsustofnun NFLÍ in Hveragerði
 because of the purchase of a hearing aid
 because of the purchase of glasses/laser eye surgery

Birth grant for _____ **20**___

Birth certificate requested with application.

Birth date of the child ___/___/20___

Maternity leave ends ___/___/20___

A funeral grant

Death certificate requested with application.

Was the applicant active on the job market at the time of death Yes No

Other grants; _____

Explanation; _____

Last workplace before illness/accident? _____

Until when did the employer pay sick pay? Until ___/___/20___

Other payments Social Insurance Administration Pension fund insurance company
 What kind and amount: _____

Applicant here by gives the sickness fund permission to gather further data regarding the application, for example information from the tax authorities, the Social insurance administration and pension funds, according to privacy laws.

In order for the application to be complete, the applicant must provided a bill from purchased service.